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COVER LETTER

TO: Registration Section **Division of Corporations**

Ed DiMarco Realty, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward DiMarco		
Name of Person		
Ed DiMarco Realty, LLC		
Firm/Company		
417 Corbett St.		
Address		
Clearwater, FL 33756		
City/State and Zip Code		
ed@edrealtv .∁⋼ ⋒		

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed DiMarco

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ed DiMarco Realty, LLC			
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on 04/17/2008	and assign	ıed
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company." the designation "LLC" or the a	bbreviation "L.L.	.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BO	(X)		
			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e <u>address here</u> :	the name of	the ner
Name of New Registered Agent:		201 C	7.00
New Registered Office Address:		<u> </u>	
	Enter Florida street address	全	
<u>-</u>	, Florida	当だ ジ	175
	Citv	Zip,Cod	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

"If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** 417 Corbett St. Michael A. Elliott **AMBR ■** Add Clearwater, FL 33756 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add □ Add ☐ Remove

. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	iling: (optional) to date of receipt or filed date and cannot be more than 90 days after timent of State)
Dated July 23rd	2014
Ė	d Diman
Edward DiMarco	Ta member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

